



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 61343

Title: Post-colonoscopy diverticulitis: A systematic review

Reviewer's code: 02941315

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Poland

Author's Country/Territory: Australia

Manuscript submission date: 2020-12-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-12-03 20:16

Reviewer performed review: 2020-12-15 18:36

Review time: 11 Days and 22 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Diverticulitis is one of the most common diseases in gastroenterology. Surprisingly, the data on its occurrence as a complication after an endoscopy are lacking. It is reasonable that the new data on this topic appears. The issue is clinically significant; the researchers' approach is innovative if we consider a small number of publications on this topic. In the study, researchers confirm the presence of a complication, which is post-colonoscopy diverticulitis, precisely defining the range of the phenomenon. I would suggest a few minor corrections to increase the transparency of the publication: 1) adding the percentages of post-colonoscopy diverticulitis in the results section, together with the description of the statistical method used for calculations (rough calculations from Table 1: 0.03-0.2% - is that correct?) 2) adding a spectrum of symptoms with the percentage in the results section 3) transferring of Prisma flowchart to materials and methods. I also have few questions concerning publication: 4) on what basis did the authors decide that the cut-off point for a complication of diverticulitis should be 72 hours? Do they have a graph with the number of diverticulitis cases after the colonoscopy culminating 72 hours before? If so - please add the figure. If not, please explain in detail the choice. 5) was it known how many subjects had diverticula found before index colonoscopy and whether they had had diverticulitis before? 6) was the percentage of inflammations lower when the indication was screening? One additional comment: 7) according to the current knowledge, the lifetime risk of diverticulitis is between 1 and 8.5%, depending on the population and the diagnostic method used.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 61343

Title: Post-colonoscopy diverticulitis: A systematic review

Reviewer's code: 00068723

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Doctor, Occupational Physician

Reviewer's Country/Territory: Japan

Author's Country/Territory: Australia

Manuscript submission date: 2020-12-03

Reviewer chosen by: Le Zhang

Reviewer accepted review: 2020-12-22 07:46

Reviewer performed review: 2020-12-24 07:03

Review time: 1 Day and 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The authors conducted a systemic review of diverticulitis after colonoscopy as its complication. There are two unclear points. First, what was the problem of diverticulitis after colonoscopy? Diverticulitis is not desirable as a complication of colonoscopy. But the disease is common disease, and usually not so hard to cure. Were there any differences between diverticulitis after colonoscopy and without colonoscopy? Second, how was the definition of the diverticulitis after colonoscopy? The authors tentatively defined it as occurrence before 30 days after colonoscopy referring from the literatures. It was not clear why "30 days". How would the authors think about this point? How do the other literatures define the diverticulitis after colonoscopy? Discussion was relatively long. It should focus on the significance of the study.